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Bib Data Sheet

CONFIRMATION NO. 4031

<b>SERIAL NUMBER</b> 10/086,253	<b>FILING DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2632	<b>ATTORNEY DOCKET NO.</b> RINCAVAGE-1	
<b>APPLICANTS</b> Barbara A. Rincavage, Brodheadsville, PA; Cynthia E. Rincavage, Breinigsville, PA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 04/08/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Eric A. LaMork P.O. Box 434 Yardley, PA 19067-8434					
<b>TITLE</b> System and method for preventing fraud and mistake in the issuance, filing and payment of medical prescriptions					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		